

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
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11						
12						
13						
14						
15						
16						
17						
18						
19						
20	1					
21	1					
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35						
36						
37						
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39	2					
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42						
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44						
45						
46						
47						
48						
49	1					
50						
TOTAL IND.	2					
TOTAL DEP.	4					
TOTAL CLAIMS	50					

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						